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**Bulletin 6-13**

**DATE: July 10, 2006**

**TO: Medical Professional Liability Insurers**

**RE: Medical Professional Liability Premium Data Call**

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Pursuant to §2-303.2 and §19-112 of the Insurance Article, the Maryland Insurance Administration ("MIA") hereby requests each medical professional liability insurer that offers medical professional liability insurance policies in Maryland to provide information related to medical professional liability insurance premiums for the following:

- For each healthcare professional, the base premium charged by class and by territory for policy limits of \$1,000,000/\$3,000,000 based upon mature claims-made rates, with a clean claims history, in effect on July 1, 2006. (Please advise if your rates will be changing in calendar year 2006 and, if so, the effective date of the change.)
- For each hospital, medical day care center, hospice care program, assisted living program, and freestanding ambulatory care facility, the base premium charged by territory for policy limits of \$1,000,000/\$3,000,000, with a clean claims history, using rates in effect on July 1, 2006. (Please advise if your rates will be changing in calendar year 2006 and, if so, the effective date of the change.)
- For each dental healthcare professional, the base premium charged by class and by territory for policy limits of \$1,000,000/\$3,000,000 based upon mature claims-made rates, with a clean claims history, in effect on July 1, 2006. (Please advise if your rates will be changing in calendar year 2006 and, if so, the effective date of the change.)
- For each nursing professional, the base premium charged by class and by territory for policy limits of \$1,000,000/\$3,000,000 based upon mature claims-made rates, with a clean claims history, in effect on July 1, 2006. (Please advise if your rates will be changing in calendar year 2006 and, if so, the effective date of the change.)

This information is necessary for the MIA to publish a medical professional liability premium comparison guide in accordance with §2-303.2 of the Insurance Article. The comparison guide will be posted on the MIA website and distributed in electronic and printed format.

The requested data should be provided in the required format (see attached). Please submit your data via email. Electronic submission is mandatory. No paper documents will be accepted. Data should be submitted to: [lglemza@mdinsurance.state.md.us](mailto:lglemza@mdinsurance.state.md.us).

For technical questions, please contact Mr. Linas Glemza, Actuary, at (410) 468-2044. For general questions, please contact Cathy Ruppel, Insurance Analyst, at (410) 468-2316.

In addition, please refer to the Summary of Revision page for a listing of revisions to this premium comparison request.

Please provide this information no later than **August 4, 2006**.

R. Steven Orr  
Insurance Commissioner

By: \_\_\_\_\_

P. Randi Johnson  
Associate Commissioner  
Property & Casualty

Attachments:

- Excel File Format
- Data and File Requirements

## Maryland Medical Malpractice Premium Guide Specifications

October 2006 edition

### SUMMARY OF REVISIONS TO SPECIFICATIONS

The following are revisions to the rate guide specifications, as follows:

- 1) We are now providing the actual spreadsheet for the company to fill in. Some columns are already pre-filled. Do not change or add any formatting to that which is already provided;
- 2) New code – MIA Specialty Group code – this is an MIA provided number and is used to sort the data for output purposes. This number should not be altered;
- 3) MIA Determined Class code – the purpose of this code is to create uniformity between companies. This code is provided by the MIA and should not be altered;
- 4) The MIA provided spreadsheet lists all the classes that need to be provided. If your company does not write a particular class, enter n/a – do **NOT** delete the row. If your company feels that a certain specific class does not fall into any of the categories provided, please contact the MIA first. No other class codes are required.

## Excel File Format

All data must start in cell A2 of the spreadsheet. PLEASE use headers. Below lists the columns in which the data must be placed. The placement of data must conform to this or the submission will be returned. The data must be placed in the following columns:

<u>Column</u>	<u>Description</u>
(A)	NAIC Group Code
(B)	NAIC Company Code
(C)	Effective Date of rates (mm/dd/yyyy) for New Business
(D)	NAIC Company Name (NOT NAIC GROUP NAME)
(E)	MIA Specialty Group code
(F)	MIA determined class code
(G)	ISO Class code
(H)	Company Class Code number
(I)	Description/Name of class
(J)	Type of class code (see below)
(K)	Territory Code 1 = Baltimore City and Baltimore County 2 = Anne Arundel, Montgomery, Prince Georges and Howard counties 3 = Rest of State
(L)	Premium (\$1M/\$3M, mature claims made with no claims, past or pending) Exclude Extended Reporting endorsement premium No Claim – any situation where no surcharge would apply. If company does not have rates for \$1M/\$3M, provide a premium that has Coverage for \$1M per claim and the closest aggregate limit in terms of premium.

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### Types of Classes (include but not limited to):

- 1) All physicians and surgeons.
- 2) All Allied health professionals. Allied health includes nurses, technicians and any ancillary classes.
- 3) All dentists, dental surgeons and ancillary dental healthcare providers;
- 4) Hospitals, medical day care centers, hospice care program, assisted living programs and freestanding ambulatory care facilities

## DATA and FILE Requirements

### Requirements:

- 1) ALL ENTRIES MUST IN NUMERIC FORMAT, except for Columns C, D and G.
- 2) Fill Column (H) with N/A if rates are not available for the scenario.
- 3) For the Premiums, use numeric format (zero decimal places). Round off to whole numbers.
- 4) Filing naming convention
  - a) File name should contain NAIC group code (or NAIC Company code if group code is zero). Using company name is an acceptable alternative.
  - b) The file name must also contain the letters "ML".
  - c) There are no other specific requirements for naming convention.
- 5) Spreadsheet detail requirements:
  - a) Arial font with font size of 12. Use default color of black;
  - b) Do not use 1000 separator (i.e. comma);
  - c) Premiums must be rounded to ZERO decimal places;
  - d) Do not use currency format;
  - e) Except as noted in 1) above, all other cells must be in numeric format. Do not use all caps for company name;
  - f) Do not submit formulas;
  - g) Row height is 12.75 (Excel default). Company name column width MUST be set to 34.14. Company name must fit within this setting. There are no specific width requirements for the remaining columns;
  - h) Do not activate "Wrap Text";
  - i) Do not use borders or colored/highlighted cells;

For any other formatting issue, use the Excel default parameters.

- 6) We now allow companies to submit disclaimers to their submissions. Due to space limitations, please keep it brief. Place disclaimers on a separate spreadsheet page from the premiums. Do not place any symbols next to premiums to explain a disclaimer.

7) On a separate spreadsheet page, provide the following information:

- Column A - Contact Name
- Column B - Company Name
- Column C - Company Address 1 (can also be Department name)
- Column D - Company Address 2
- Column E - City/State/Zip
- Column F - Phone number
- Column G - Fax number
- Column H - Email address of contact name. DO NOT SUBMIT THIS  
In HTML format. Text only.

Column I - An 800/888/866 (toll free) that your company uses for healthcare professional inquiries.

Column J - website address for healthcare professional inquiries. DO NOT SUBMIT in HTML format. Text only.

For column I, if your company does not have a phone number for this purpose, please use the phrase "See Yellow Pages".

8) On an additional spreadsheet page, each insurer shall make a list of each healthcare professional, hospital, medical day care center, hospice care program, assisted living program and freestanding ambulatory care facility for which the insurer accepts new and renewal business. The format shall be:

- |          |   |
|----------|---|
| Column A | Company Name                                      |
| Column B | Each class mentioned above                        |
| Column C | "Yes" if accepting NEW business, "No" if not.     |
| Column D | "Yes" if accepting RENEWAL business, "No" if not. |
| Column E | Risk Purchasing Group (RPG)                       |
|          | "Yes" if class is through an RPG only             |
|          | "No" if class is not through an RPG               |
|          | Both – if class is through either way.            |

Column B shall include the classes mentioned in the Excel File Format section.